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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:53

DOCUMENT # V51349 (1)

1. Corporation Name
MIKE'S PRO SHOP, INC.

Principal Place of Business	Mailing Address
1500 SUNSET RD E2 TARPON SPRINGS FL 34689 US	1500 SUNSET RD E2 TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2955 MEADOW OAK DR. N.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER FL
24: Zip: 34621
25: Country: USA

2a. Mailing Address
26: 2955 MEADOW OAK DR. N.
27: Suite, Apt. #, etc.
28: City & State: CLEARWATER FL
29: Zip: 34621
30: Country: USA

4. FEI Number: 59-3138734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NELSON, MICHAEL D.
1500 SUNSET ROAD #E2
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2955 MEADOW OAK DR. N.
83
84 City: CLEARWATER FL 85 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael D Nelson 3-13-95
Signature required and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	NELSON, MICHEL D.	1.2 NAME	
STREET ADDRESS	1500 SUNSET RD E2	1.3 STREET ADDRESS	2955 MEADOW OAK DR. N.
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	NELSON, HOLLY	2.2 NAME	
STREET ADDRESS	1500 SUNSET RD E2	2.3 STREET ADDRESS	2955 MEADOW OAK DR. N.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Holly Nelson 3/13/95 813-724-3692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HOLLY NELSON

0007667 CP